

**BOSE INSTITUTE  
KOLKATA**



Photograph of  
the Dependant  
(Passport size)

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**DEPENDENT DECLARATION FORM FOR MEDICAL CLAIM**  
**(to be submitted separately for each dependent)**

1. Institute ID No. :
2. Name :
3. Department / Division :
4. Pay Band :
5. Pay in Pay Band :
6. Grade Pay :
7. Name of the dependent :  
(In Block Letters) For Medical Benefits Only
8. DOB of the Dependent :  
(Attach Proof)
9. Relationship of the Dependent :  
With the employee
10. Whether the Dependent residing:  
with the employee (yes/no)  
(Attach Proof)
11. If no, Address of the Dependent :
12. Profession of the Dependent :
13. Monthly /Annual Income of the :  
Dependent (From all sources)
14. Photo copy of PAN card of the :  
Dependent (for 18years and above)
15. Photo copy of Voter card / Aadhar :  
card of the Dependent for residential  
proof

I, hereby declare that the statement furnished above is true in all respect to the best of my knowledge and I also declare that any changes in the above statement that will occur in any subsequent date will be brought to the knowledge of the Bose Institute Authority (Director / Registrar) Immediately.

**SIGNATURE OF THE EMPLOYEE**

**SIGNATURE OF THE DEPENDENT**  
**(TO BE MADE BY THE EMPLOYEE, IF MINOR)**